

**Nebraska Department of Health and Human Services
Regulation and Licensure**

Request for Proposals

**Office of Family Health
Perinatal, Child and Adolescent Health Program**

COMMUNITY-BASED PERINATAL DEPRESSION PROJECTS

Date of Issuance: September 12, 2006

Proposals Due: October 10, 2006, 5:00 p.m. CT

Issuing Office: Office of Family Health
Nebraska Department of Health and Human Services
Regulation and Licensure
301 Centennial Mall South, P.O. Box 95007
Lincoln, NE 68509-5007

**COMMUNITY-BASED PERINATAL DEPRESSION PROJECTS
STATE OF NEBRASKA
REQUEST FOR PROPOSALS
TABLE OF CONTENTS**

SECTION I. OVERVIEW

A. Purpose of Funding	1
B. Background	1
C. Eligibility Requirements	2
D. Developing the Proposal	2
E. RFP Timeline	3
F. Letter of Intent	3
G. Questions and Requests for Information	3
H. Proposal Review Process	4

SECTION II. SCOPE OF WORK

A. Essential Areas to be Addressed	6
B. General Project Expectations	7
C. Subgrantee Expectations	7
D. Use of Funds	9

SECTION III. PROPOSAL REQUIREMENTS

A. General Instructions	10
B. Minimum Proposal Requirements	10
C. Preparation and Submission Instructions	13

ATTACHMENTS

Proposal Cover Sheet	Attachment 1
Proposal Work Plan	Attachment 2
Subgrantee Capacity Form	Attachment 3
Budget Worksheet	Attachment 4
Measuring Progress and Plan for Sustainability Form	Attachment 5
Subgrant Terms and Assurances	Attachment 6
Application Requirements Checklist	Attachment 7

SECTION 1. OVERVIEW

A. Purpose of Funding

In order to support community-based programs in enhancing current or implementing new perinatal depression screening and referral activities, and outreach and information for women and their families, the Department of Health and Human Services System Regulation and Licensure announces the availability of \$58,000 in grant funds for up to 8 community-based projects in the state of Nebraska. The amount of funding per project will be dependent on the quality of proposals, and the relevance to initiating or enhancing perinatal depression screening and referral activities. The average award will be \$6,000 to \$10,000. The funding period is for six months and will begin November 1, 2006 and continue through April 30, 2007.

The intention is to fund projects that identify, expand, and enhance capacity to screen and refer women for perinatal depression; and to provide outreach for women experiencing perinatal depression and their families.

B. Background

Nebraska was one of five states to receive funding in 2005 from US HHS, Health Resources and Services Administration, Maternal and Child Health Bureau. The grant period began June 1, 2005 and goes through May 31, 2007.

The Nebraska Perinatal Depression Project is coordinated in the Perinatal, Child and Adolescent Health Unit in the Office of Family Health (Office), Nebraska Department of Health and Human Services Regulation and Licensure (Department). There are two overarching goals for this project:

- To increase the identification and referral of women with perinatal depression through expanded and enhanced screening, referral and treatment, and
- Nebraska women and their families will have a greater awareness of perinatal depression resulting in women recognizing symptoms and seeking appropriate care.

In order to reach these goals, a steering committee and four work groups met between October 2005 and January 2006. These work groups were charged with:

- Reviewing and assessing current screening and referral activities occurring within Nebraska communities;
- Identifying sources of diagnosis, treatment, and options for bridging gaps;
- Determining adaptations needed to better inform, screen and refer women from diverse cultures, especially those whose primary language is not English;
- Selecting tools, resources and educational/technical assistance materials and approaches for primary care and community-based providers; and
- Broader awareness efforts to address issues of stigma and related barriers to seeking and receiving care.

The steering committee made recommendations to the Department for provider education and public awareness. Based on these recommendations, contract deliverables were identified, and two contractors were competitively selected in May 2006. The Public Health Nursing Section of the Public Health Association of Nebraska received a contract for provider education and

Snitily Carr received a contract for public awareness. Deliverables for these two contracts are listed below:

Provider Education:

- a. A professional education curriculum for providers in an electronic file format that can be easily duplicated and posted on the provider web page.
- b. Provision of outreach and continuing education to a minimum of 50 primary care providers including mid-level practitioners.
- c. Provision of training and technical assistance sessions to a minimum of 30 community-based programs/agencies across the state.
- d. Web page, which provides technical consultation to providers.
- e. Protocols, referrals and resource database for providers.
- f. Tool kit for primary care providers and a plan for dissemination.

Public Awareness:

- a. A minimum of four statewide culturally diverse focus groups and additional key informant interviews as needed in urban and rural settings.
- b. Web page, which provides educational information and resources for women, their extended families, and for the general public.
- c. Resource materials for women, their extended families and for the general public in an electronic file format that can be easily duplicated and posted on the web page.
- d. Distribution of resource materials to a minimum of 30 primary care providers and 30 community-based programs.

These two contracts will yield resources which will aid communities in increasing screening and referral of women for perinatal depression using the selected screening tools (Edinburgh and CES-D), and for conducting public information and outreach. Entities selected through this RFP will have access to and will be provided technical assistance in the use of these resources. The work products will be available in December 2006 and applicants are strongly encouraged to utilize these resources in their project work.

C. Eligibility Requirements

Applicants must meet all of the following minimum qualifications to be eligible to respond to this RFP and to receive funds:

1. Be a Nebraska public or private non-profit organization or a federally recognized Native American Tribe headquartered in Nebraska.
2. For respondents claiming private non-profit status, provide with the proposal either a certification from the State of Nebraska, Office of Secretary of State or a letter from the Department of Treasury, Internal Revenue Service (IRS).

D. Developing the Proposal

The Department, the Office, and Project Staff believe that collaboration and community involvement are important in the planning and delivery of public health programs. Diverse representation, participation and leadership is crucial to assure that the views, perspectives

and needs of community members are represented. Entities responding to this RFP should strive to collaborate with a broad cross-section of community representatives. In collaboration centered on perinatal depression, these representatives must include primary care providers including mid-level practitioners, other public health agencies and programs, social services, community action agencies, Early Head Start, Head Start, Even Start, home visitation programs, minority health providers and advocates, hospital and health center representatives, and private citizens.

E. Timeline

Issuance of RFP	September 12, 2006
Letter of intent due	September 19, 2006
Deadline for submission of written questions	September 26, 2006
Proposals due	October 10, 2006
Award notices/denials sent to respondents	October 24, 2006
Effective date of sub grant award	November 1, 2006

F. Letter of Intent

Letters of intent are to be received by September 19, 2006. The letter should indicate the applicant organization, contact person, address, phone number and email address of the contact person at your organization.

While the submission of the letter of intent is optional (i.e. not required), it assists Department staff in determining logistical needs for the application review process. You may indicate in writing your intent to apply in one of three ways:

Fax: (402) 471-7049 ATTN: Nebraska Perinatal Depression Project

Mail: Nebraska Perinatal Depression Project
Department of Health and Human Services, Regulation and Licensure
Office of Family Health
P.O. Box 95007
Lincoln, NE 68509-5007

Email: sue.huffman@hhs.ne.gov

G. Questions and Requests for Information

From the date the RFP is issued until a determination is made and announced regarding the selection of Subgrantees, contact between potential Subgrantees and individuals employed by the Department regarding the RFP is restricted only to written communication with the staff designated as the point of contact in this RFP.

Responses to questions will be on the Office of Family Health web site at: www.hhs.state.ne.us/fah/fahindex.htm. The site will be updated every 72 hour period, Monday-Friday excluding holidays. Please check the site before submitting questions as the question may have already been asked and answered.

Submit questions and requests for information to Sue Huffman in writing by one of the following methods (listed in order of preference) and clearly marked “**Nebraska Perinatal Depression Project**”:

E-mail: sue.huffman@hhss.ne.gov

Fax: (402) 471-7049

Mail: Sue Huffman
Office of Family Health
Nebraska Department Health and Human Services Regulation and Licensure
301 Centennial Mall South, P.O. Box 95007
Lincoln, NE 68509-5007

Faxed questions must include a cover sheet clearly indicating the number of pages transmitted. Faxes must also reference the RFP for the Nebraska Perinatal Depression Project on the cover sheet. The State assumes no liability for assuring accurate or complete fax transmission or receipt.

H. Proposal Review Process

1. Review for Compliance with Minimal Proposal Requirements and Scoring

Each proposal that complies with the Minimal Proposal Requirements outlined in Section III(B) will be evaluated and scored by a review committee on a scale of 0 to 100 points. Proposals will then be ranked and forwarded to the Director of the Department of Health and Human Services Regulation and Licensure for consideration and a decision on funding.

The criteria to be used for scoring and the maximum possible value of each section is as follows:

SECTION/CRITERIA	MAXIMUM POINTS
NARRATIVE AND WORK PLAN	30
APPLICANT CAPACITY	30
MEASURING PROGRESS AND SUSTAINABILITY	20
BUDGET AND BUDGET JUSTIFICATION	20
TOTAL	100

2. Review of Applicant Capacity

As part of the scoring and selection process, the Department will assess an entity’s ability to provide perinatal depression screening and referral activities, and outreach and information for women and their families, and submit timely and accurate reports, invoices and fiscal documentation. The Department reserves the right to consider an entity’s performance in current and/or prior grants, contracts, cooperative agreements, or subcontracts with the Department or other State of Nebraska agencies.

3. Notification of Decision

Each entity submitting a proposal, whether selected for funding or denied, will be notified in writing of the funding decision. Applicants may receive, upon written request directed to the Program the consensus review tool summary page for their proposal, which provides the score and overall strengths and weaknesses of their proposal.

4. Conditions

Award notices may be tentative, pending satisfactory resolution of conditions. A tentative award letter will be accompanied by a description of conditions, actions needed to remove those conditions, and the required time frame. Should the conditions not be met satisfactorily within the given time frame, the Department reserves the right to rescind the award. Expenses against the tentative award cannot be incurred after 30 days of receipt of the notice that the award is being rescinded.

SECTION II. SCOPE OF WORK

Proposals are being solicited for community-based projects to permit the selected programs to train staff, plan site specific activities, and carry out targeted education for women and their families related to perinatal depression.

A. Essential Areas to be Addressed

All applicants shall address community-wide strategies that will support culturally relevant and linguistically appropriate interventions for women and their families. The application shall provide evidence of involvement and commitment from a wide range of community-based providers and stakeholders. This includes primary care providers including mid-level practitioners, other public health agencies and programs, social services, community action agencies, Early Head Start, Head Start, Even Start, home visitation programs, minority health providers and advocates, hospital and health center representatives, private citizens and any others that play a role in perinatal depression screening, referral and outreach activities for women and their families should be considered.

Essential areas to be address in the application include:

- 1) A description of the full range of partners/collaborators that have committed to developing and implementing community-wide strategies that address perinatal depression screening, referral and outreach activities for women and their families.
- 2) A summary of your community's assessment of current practices for screening and referring women for perinatal depression, current perinatal depression outreach activities and information provided to women and their families, and current capacity for providing such activities. See Section III. (B)(3) (a) on page 10.
- 3) A plan for how community partners/collaborators will cooperatively develop and implement perinatal depression activities based on the completed assessment. This plan should include measurable goals and objectives, each accompanied by a description of activities addressing "what, when, and who." This plan should focus on building capacity/systems.
- 4) A description of how the applicant will assure that the project will address the needs of special populations including racial/ethnic minorities, adolescents, geographically or socially isolated, etc.
- 5) A description of the applicant's capacity to organize and carryout the project an effectively manage the grant funds.
- 6) A method for measuring the progress of project goals and objectives.
- 7) A plan for activities to be continued after the six-month grant period and how those activities will be sustained (partner/collaborator in-kind, foundation or local funding, etc.)

By thoroughly addressing these seven areas, the applicant should provide a clear picture of how the community will assure that more women are screened and referred for perinatal depression,

more women and their families are aware of perinatal depression, and they have been provided resource information in a wide range of settings.

This subgrant is for a six-month period and is non-renewable. Grant funds should thus be devoted to enhancing current or implementing new perinatal depression screening and referral activities, outreach and information for women and their families that can be sustained with community resources or other grant funds.

B. General Project Expectations

1. Projects must involve members of the target community in the planning and implementation of work plan activities.
2. Proposed budget must be reasonable for the proposed quantity and quality of activities in the work plan. A Budget Justification must be included following the proposed budget.
3. The Department reserves the right to withdraw any award if a satisfactory response to conditions have not been received by the Department within 30 calendar days of notice to the Subgrantee by the Department.
4. The Department will not reimburse expenses associated with preparing and submitting a proposal.
5. The Department reserves the right to withdraw any award or negotiate the Scope of Work of any proposed project or proposed project components.
6. The entity submitting a proposal certifies that it has appropriate systems and controls in place to ensure that federal funds will not be used in the performance of this grant for the acquisition, operation or maintenance of computer software in violation of copyright laws.
7. Upon receipt of an acceptable response to conditions, the Department will send to each Subgrantee a final award letter. This award will incorporate by reference the RFP, the subgrantee's proposal, and the Subgrantee's response to the conditions.

C. Subgrantee Expectations

1. Subgrantees are to expend funds in accordance with the approved line item budget. If changes in line items exceed 10% of the award or if staffing patterns need to be changed, the Subgrantee must request budget revision or a grant amendment depending on what in the budget needs to be changed. It is up to the discretion of the Department whether or not to approve the requested budget revision or award amendment.
2. Subgrantees are reimbursed for actual expenses incurred by the Subgrantee. The Subgrantee will submit two invoices to the Office for expenses incurred during the award period. The first invoice is to be submitted midway through the award period (February 15, 2007), and the second invoice is to be submitted after all project activities have been completed (May 15, 2007). The State has up to 30 days to pay certified small businesses and up to 45 days to pay subgrantees. No advance payments for services not provided will be allowed by the

Office. Subgrantees are encouraged to submit invoices to the Office in a timely manner to ensure: 1) prompt payment of expenses, and 2) cash flow maintenance.

3. Subgrantees are expected to contact the Office if they or any community partner/collaborators have difficulties implementing the work plan or need to make changes in the approved activities. The Subgrantee must be aware that it is legally bound to deliver the services as stated in the work plan. This includes serving the number of people/agencies identified, conducting the stated number of activities, developing the identified educational materials, etc. If changes need to be made in the Scope of Work, the Subgrantee must contact the Department to request a Scope of Work revision or contract amendment. It is the discretion of the Department to approve the request. **If project deliverables, including Progress Reports, are not completed satisfactorily, the Department has the authority to withhold and/or recover payment of funds.**
4. Subgrantees are to be knowledgeable of and utilize standard payroll practices including State and Federal tax withholding requirements
5. Subgrantees are to maintain accounting records of actual expenditures. The records include but are not limited to: Accounting books, ledgers, documents; payroll records, including signed timesheets, etc., following standard accounting procedures and practices that properly reflect all direct and indirect expenses related to this grant award. These records shall be kept and made available for three (3) years from the date of the final payment.
6. Subgrantees' financial statements are subject to an audit performed by a licensed certified public accountant. The audited financial statements and federally-required reports, if needed, must be submitted to the Department within nine (9) months following the close of the Subgrantee's fiscal year. The audit expense is proportionately reimbursable from the grant funds. Therefore, the cost should be included in the proposed budget.
7. Subgrantees are to maintain accurate records, regarding program implementation, which document the number of people served, materials developed, activities conducted, etc. It is expected that these documentation records may include, but will not be limited to logs, sign-in sheets, meeting minutes, survey and evaluation data, etc. It is recommended that the Subgrantees set up documentation files by objective or major activities. Planning minutes, data gathering tools, and sign-in sheets, etc., should be filed in the objective-specific file as activities are completed.
8. Subgrantees must submit to the Office timely, accurate, and complete progress reports twice during the award period. The first progress report is to be submitted midway through the award period (February 15, 2007), and the second progress is to be submitted after all project activities have been completed (May 15, 2007) using the forms, format and time line provided by the Department at the time the award is made.
9. Subgrantees must insure timely submission of accurate invoices and maintain the fiscal integrity of the grant project.
10. The Subgrantee may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under this grant. The Department reserves a royalty-

free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for State purposes, and to authorized others to do so. The Subgrantee shall notify any subcontractor of this provision.

11. Subgrantees are to be aware that travel and per diem costs must not exceed the Internal Revenue Service rates in effect during the grant term. Additionally, out-of-state travel must be approved by Department before travel occurs and expenses for out-of state travel are not reimbursable without this prior written approval. See The Department of Administrative Services at <http://www.das.state.ne.us/accounting/nis/amcon.htm>.
12. Subgrantees are expected to fulfill all program grant related deliverables as well as to fulfill payroll, accounting and administrative procedures.
13. Subgrantees are to be aware that the Department may withhold payment of invoices for lack of documented and/or timely progress, as well as any apparent non-compliance with grant requirements.

D. Use of Funds

These funds **may** be used for the following, which are directly related to the work plan:

- Staffing: Grant funds may be used to support staffing to carry out the scope of work identified in the application. Any staffing must be clearly community-based and must be devoted directly to perinatal depression. Any proposed staffing associated with this application must be clearly identified by:
 - Job title
 - Portion of Full Time Equivalent (FTE) staff time which will be directly related to perinatal depression and paid by grant funds
 - Description of the tasks to be carried out by the staff.
- Contracting for services devoted directly to perinatal depression.
- Materials and supplies (e.g., office supplies, etc.)
- Rental of facilities, equipment, and furnishings necessary for grant related events.
- Printing and travel that are reasonable and necessary for project implementation.

These funds **may not** be used for:

- Lobbying.
- Construction.
- Perinatal Depression educational materials, if comparable materials are available from the Department specific to this grant.

SECTION III. PROPOSAL REQUIREMENTS

A. General Instructions

Read all instructions carefully. Proposals must address all the proposal and submission requirements set forth in this RFP. Proposals will be evaluated on overall quality of content and responsiveness to the purpose and specifications of this RFP. Only those proposals that include complete information as required by this RFP will be considered for evaluation. Throughout the following instructions, “you” and “your” refer to the entity submitting a proposal.

NOTE: All applicants agree in submitting an application, that the Department is authorized to verify any claimed information. All proposals received by the Department are subject to the provisions of the public records act and are not considered confidential after completion of the selection process.

B. Minimum Proposal Requirements

All proposals must include the items listed in this Section. Assemble all materials in the order listed below. Page limits and samples are noted, when relevant. Unless otherwise specified, no particular form is required.

1. Proposal Cover Sheet

Complete all sections of the Proposal Cover Sheet (Attachment 1), and provide the signature of your organizations’ legally authorized official. The Cover sheet should be the top page of the proposal.

2. Table of Contents

Include a Table of Contents with page numbers for the headings that follow in this Section (III (B) 3 through 8).

3. Project Narrative (5 page maximum)

The Narrative is to be a five-page (or less) overview of the proposed project. The purpose of the Narrative is to give reviewers a general understanding of needs to be addressed and the services being proposed.

- a) Needs Assessment – Indicate which county or counties for which activities are being proposed, and summarize your assessment of the perinatal depression needs of women and their families in these county (ies) for the proposed activities. The assessment should be based on any data collected by your organization, on any assessments made by your community or community collaborators, published state and national data, and other sources. This needs assessment is to be inclusive of at-risk populations, including but not limited to low income persons, racial/ethnic minorities, and adolescents. The needs assessment must conclude with your determination of the needs for perinatal depression activities/services in your targeted area.
- b) Proposed Activities – Provide an overview of your proposal to meet the needs identified through the needs assessment. The description should include the

geographic area to be served, locations what activities will be provided, and how they will be organized. Include a rationale for selection of area to be served, and the projected number of persons to be served. Community collaborators should be identified, as well as any proposed contractors.

3. Work Plan

Use the work plan form found as Attachment 2 to display your proposed goal(s), objectives and activities for perinatal depression activities. For entities/subgrantees that are not currently providing perinatal depression activities (screening/referral), the work plan should reflect what you determine to be key start up activities and realistic time frames. Goals and objectives should be reflective of your community needs assessment, and identified goals and objectives. Action steps should provide enough detail to assure reviewers that you have a clear understanding of and plan for delivering perinatal depression activities.

4. Subgrantee Capacity

Complete Attachment 3, describing your capacity to carry out the proposed project. For those activities to be carried out by a contractor, complete a separate form for that contractor. Be reminded, though, that only the Subgrantee selected through this competition is to carry out financial management of project oversight activities.

5. Project Budget and Budget Justification

Use the Budget Worksheet (Attachment 4) to display the budget for the proposed project. Attach a separate budget justification to reflect proposed costs for the following categories.

Salaries: For each staff position budgeted in the Budget Worksheet, include the title of the position, the FTE, annual salary, number of months salary requested, and a brief summary of the job description or responsibilities.

Benefits: For each staff position, indicate the rate and compute the amount charged for fringe benefits (e.g., health insurance, FICA, life insurance, retirement plan, etc.).

Contracted Services: Descriptions of proposed contracts for project activities need to be included along with anticipated cost for each contract. Include descriptions of the following for each proposed contract: (a) Scope of Work, including tasks and deliverables; (b) time period of the contract; (c) person in your agency who will supervise or manage the contract, and (d) name of the contractor or if not yet known, what method will be used to select the contractor, e.g. solicitation of bids, sole source, etc.

Supplies: This category includes office supplies, meeting supplies, and materials necessary for carrying out the work proposed. Identify by line item and explain. Educational materials may be approved, if comparable materials are not available from the Department specific to this grant.

Travel: Include estimates of all travel relative to the Scope of Work proposed, including travel relative to the Scope of Work proposed, including travel related to staff

development. Describe in sufficient detail to understand purpose of travel and how cost was estimated.

Other: Describe costs for this category that includes items such as telephone, copying, printing, postage, mailing, publicity, publications, insurance, audits and accounting services, legal fees, marketing, and computer time directly related to this grant's activities.

Indirect Costs: Entities with a current indirect cost agreement with a federal or state agency may include indirect costs as a line item. A copy of the current agreement must be included in the budget documents. Indirect costs are those that have been incurred for common or joining purposes. These costs benefit more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the result achieved.

Because of the diverse characteristics and accounting practices of public and private nonprofit entities, the types of cost which may be classified as indirect costs, cannot be specified in all situations. However, typical examples of indirect costs may include certain general administrative activities of the agency, accounting and personnel services performed within the agency, and the costs of operating and maintaining facilities.

In contrast, direct costs include:

- 1) Compensation of employees for the time devoted and identified specifically to the performance of this award.
- 2) Cost of materials acquired, consumed, or expended specifically for the purpose of the award.
- 3) Equipment specifically for the purpose of the award.
- 4) Travel expenses incurred to carry out this grant.

6. Measuring Progress and Plan for Sustainability

Complete Attachment 5 describing methods for measuring progress and planning for sustainability.

7. Assurance Forms

The Proposal Cover Sheet (Attachment 1) and the Certification Forms found within the Terms and Assurances (Attachment 6) must be signed and dated by an official authorized to bind your agency. By signing the pages, the official verifies that the following statement is true: potential Subgrantee and its potential contractor(s) will abide by the Departments Subgrant Terms and Assurances.

Please note that signatures are required in five places within Attachment 6. Insert the Terms and Assurances with the signed Certification forms immediately after the Subgrantee Capacity form.

8. Letters of Support

Applicants may attach letters of support from community partners or collaborators if deemed appropriate. For those partners or collaborators, though, that have agreed to

carry-out specific project activities or provide in-kind resources should provide letters of **commitment** in regards to these agreements

C. Preparation and Submission Instructions

- Use 8 1/2" x 11" white paper only, typed. Number each page of the proposal consecutively. The type font size is to be no less than 12 characters per inch, such as New Times Roman. Page limits assume lines that are single-spaced.
- Submissions in response to the RFP must contain the proposal and all required supporting information in one package, securely clipped, not stapled, in the upper left corner. Folders and binders are not necessary or desired.
- One original and four (4) copies of the proposal must be submitted.
- The Proposal Cover Sheet must be the top page of the proposal.
- Submission by fax, e-mail, or disk will not be accepted because original signatures are required on the Cover Sheet and Certifications.
- Mail a complete, signed original and four copies with proof **of mailing on or before Tuesday, October 10, 2006**. Proof of mailing on or before the closing date will be strictly observed. Additions or corrections will not be accepted after the closing date. Applicants are strongly encouraged to use registered mail or at least first-class mail. Do not send third class or book rate.
- Proof of mailing consists of one of the following three options through either the U.S. Postal Service or a commercial carrier:
 1. U.S. Postal Service
 - A legibly dated U.S. Postal Service postmark printed or stamped on the envelope (NOTE: the U.S. Postal Services does not uniformly provide a dated postmark. Check with the local post office in advance before relying on this method of delivery).
 - A legible mail receipt with the date of mailing stamped by the U.S. Postal Service.
 2. Commercial Carrier
 - A dated shipping label, invoice, or receipt from a commercial carrier, e.g. Federal Express.
- The following methods are not valid proof of mailing:
 - A private metered postmark.
 - A mail receipt that is not dated by the U.S. Postal Service.
- Keep a copy of the proof of mailing for your documentation.

- Proposals hand delivered or by courier services will be received during business hours (8:00 a.m. to 5:00 p.m. CT, Monday – Friday, excluding state-observed holidays). Hand delivery or courier services will be received at the 3rd floor reception desk, NHHS, 301 Centennial Mall South, Nebraska State Office Building, Lincoln, Nebraska. Proposals hand delivered or by courier must be received at NHHS no later than **5:00 p.m., Tuesday, October10, 2006.**
- Omission of any required document or form, failure to use required formats or response, or failure to respond to any requirements may lead to rejecting the application prior to the review. **LATE PROPOSALS WILL BE REJECTED.**

Proposals are to addressed to:

**Sue Huffman, Program Manager
Attn: Perinatal Depression RFP
Office of Family Health
Nebraska Department of Health and Human Services Regulation and Licensure
301 Centennial Mall South, P.O. Box 95007
Lincoln, NE 68509-5007**

COVER SHEET
NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE
COMMUNITY-BASED PERINATAL DEPRESSION PROJECTS
November 1, 2006 through April 30, 2007

Title of Proposal: _____

Applicant Organization: _____

Federal Tax Identification Number: _____

Address: _____ **City/Zip:** _____

Phone Number: _____ **Fax:** _____

By submitting and signing this application, the applicant agrees that, if a subgrant is awarded, it will operate the program as described in the Subgrant Request for Proposal and in accordance with the Subgrant Terms and Assurances.

Name of Authorized Official (please print): _____

Signature of Authorized Official: _____

Title: _____

Date: _____

Project Director or Contact person:

Name: _____

Title: _____

Address: _____

City/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Financial Officer:

Name: _____

Title: _____

Address: _____

City/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Total Funds Requested: _____

PROJECT WORK PLAN

Community-based Perinatal Depression Projects

PROJECT NAME: _____ **GOAL: #** _____

[illegible]

BUDGET WORKSHEET
Community-based Perinatal Depression Projects

COST CATEGORIES/LINE ITEMS	TOTAL REQUESTED
Salaries (List positions/FTEs):	
Benefits	
Contracted Services (List):	
Supplies	
Travel	
Other	
Indirect Costs (Rate _____%; Attach copy of Indirect Cost Rate Agreement	
TOTAL	

(Be sure to attach a Budget Justification)

MEASURING PROGRESS AND PLAN FOR SUSTAINABILITY
Community-based Perinatal Depression Projects

1. MEASURING PROGRESS

*A. How will you assess the impact of project activities over the life of the grant?
Specifically, how will progress in achieving grant objectives be observed, documented,
and evaluated?*

B. Who is responsible for these evaluation activities?

*C. How will information on progress/barriers be shared with partners/collaborators?
How will this information be used to adjust activities during the grant period or for
planning future activities?*

2. SUSTAINABILITY

A. Are partners/collaborators committed to working together on perinatal depression after the grant period? If so, what types of commitments have been made?

B. Are there additional resources identified to support activities during the grant period? And after the grant period?

C. If no other resources available now and/or none yet identified to sustain activities after the grant period, what struggles will be used to seek out new resources?

Contents of this Attachment

SUBGRANT TERMS AND ASSURANCES:

Exhibit 1: Subrecipient Reporting Requirements

Exhibit 2: Program Specific Requirements

Exhibit 3: NDHHS Administrative & Audit Guidance for Subgrants

Certifications (*signatures required*):

- Nebraska Health and Human Services Audit Requirement Certification *
- Certification Regarding Lobbying *
- Certification Regarding Environmental Tobacco Smoke *
- Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion *
- Certification Regarding Drug-Free Workplace Requirements *

*** Signature required**

SUBGRANT TERMS AND ASSURANCES
Nebraska Health and Human Services System (NHHSS)

Three agencies comprise NHHSS. The Department of Health and Human Services, Department of Health and Human Services Regulation and Licensure, Department of Health and Human Services Finance and Support are referred collectively as the **Nebraska Health and Human Services System**.

This is a subgrant of federal financial assistance. By accepting this subgrant, the Subrecipient agrees to comply with the terms and conditions described herein.

- A. Programs. Subrecipient must operate the program(s) in compliance with the documents governing the award. The following documents and any revisions made during the program period govern the Subgrant and are hereby incorporated by this reference as though fully set forth herein.
- 1) Nebraska Health & Human Services System (NHHSS) Request for Application;
 - 2) Subrecipient Project(s) Application;
 - 3) Subrecipient Reporting Requirements (Exhibit 1);
 - 4) Program Specific Requirements (Exhibit 2);
 - 5) NHHSS Administrative and Audit Guidance for Subgrants (Exhibit 3) and the attached certifications; and
 - 6) NHHSS' letter of award which includes the award period, amount of funds awarded, and any contingencies to the Subgrant award.
- B. Reports. Subrecipient must submit data, program, and financial reports according to the reporting requirements (Exhibit 1). Extensions for the submission of reports and reimbursement **must be submitted in writing** to NHHSS for approval to prevent withholding of payment.
- C. Administrative Requirements. Subrecipient must perform Subgrant activities, expend funds, and report financial and program activities in accordance with Federal grants administration regulations, U.S. Office of Management and Budget Circulars governing cost principles and audits (Exhibit 3), and comply with, complete, and return the certifications attached hereto.
- D. Program Specific Requirements. Subgrant activities must comply with any program specific requirements included in NHHSS' Request for Application and Exhibit 2.

E. Nondiscrimination. The Subrecipient acknowledges that the Subgrant activities must be operated in compliance with civil rights laws and any implementing regulations, and makes the following assurances.

The Subrecipient warrants and assures that it complies as applicable to it with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, to the effect that no person shall, on the grounds of race, color, national origin, sex, age, handicap or disability, be excluded from participation in, denied benefits of, or otherwise be subjected to discrimination under any program or activity for which the Subrecipient receives federal financial assistance.

The Subrecipient and any of its subcontractors shall not discriminate against any employee or applicant for employment, to be employed in the performance of this Subgrant with respect to hire, tenure, terms, conditions or privileges of employment because of the race, color, religion, sex, disability or national origin of the employee or applicant.

F. Reimbursement. Subrecipient must submit claims for reimbursement for actual, allowable, allocable and reasonable expenditures in accordance with the approved budget. NHHSS will make reimbursement, subject to the following conditions:

- 1) Subrecipient's submission of reports according to the reporting requirements described in Exhibit 1.
- 2) Availability of governmental funds to support this project. In the event funds cease to be available, this Subgrant shall be terminated, or the activities shall be suspended until such funds become available, in the sole discretion of NHHSS.
- 3) Pursuant to the Nebraska Prompt Payment Act.
- 4) Suspension or termination for cause or convenience as described in the federal grants administration regulations applicable to the Subrecipient.

G. Budget Changes. The Subrecipient is permitted to reassign funds from one line item to another line item within the approved budget. Prior approval by NHHSS is not required **provided** the cumulative transfers do not exceed ten percent of the total approved budget, are for an allowable cost allocable to the Subgrant, do not add or eliminate a line item and do not result in programmatic change.

Prior approval is **required** for cumulative budget transfers exceeding ten percent of the current total approved budget. Requests for transfers shall be addressed in writing to NHHSS. NHHSS shall approve or disapprove the request in writing within 30 days of its receipt.

H. Programmatic changes. The Subrecipient shall request in writing NHHSS approval for programmatic changes. NHHSS shall send a written determination regarding the request to the Subrecipient within 30 days of its receipt.

I. Technical Assistance. NHHSS will provide training and materials, procedures, assistance with quality assurance procedures, and site visits by representatives of NHHSS and the federal granting agency in order to review program accomplishments, evaluate management control systems and other technical assistance as needed or requested.

J. Subrecipient Procurement. Subrecipient shall be the responsible authority regarding the settlement and satisfaction of all contractual and administrative issues, without recourse to NHHSS, arising out of procurement entered into by it in connection with the subgrant. Such issues include, but are not limited to, disputes, claims, protests of award, source evaluation and other matters of a contractual nature.

K. Subgrant Close-out. Upon the expiration or notice of termination of this Subgrant, the following procedures shall apply for close-out of the subgrant:

- 1) Upon request from Subrecipient, any allowable reimbursable cost not covered by previous payments shall be paid by NHHSS.
- 2) Subrecipient shall make no further disbursement of funds paid to Subrecipient, except to meet expenses incurred on or prior to the termination or expiration date, and shall cancel as many outstanding obligations as possible. NHHSS shall give full credit to Subrecipient for the federal share of non-cancelable obligations properly incurred by Subrecipient prior to termination.
- 3) Within a maximum of 90 days following the date of expiration or termination, Subrecipient shall submit all financial, performance, and related reports required by the terms of the Agreement to NHHSS. NHHSS reserves the right to extend the due date for any report and may waive, in writing, any report it considers to be unnecessary.
- 4) NHHSS shall make any necessary adjustments upward or downward in the federal share of costs.
- 5) The Subrecipient shall assist and cooperate in the orderly transition and transfer of subgrant activities and operations with the objective of preventing disruption of services.
- 6) Close-out of this Subgrant shall not affect the retention period for, or state or federal rights of access to, Subrecipient records. Nor shall close-out of this Subgrant affect the Subrecipient's responsibilities regarding property or with respect to any program income for which Subrecipient is still accountable

under this Subgrant. If no final audit is conducted prior to close-out, NHHSS reserves the right to disallow and recover an appropriate amount after fully considering any recommended disallowances resulting from an audit which may be conducted at a later time.

L. Documents Incorporated by Reference. All laws, rules, regulations, guidelines, directives and documents, attachments, appendices, and exhibits referred to in these terms and assurances shall be deemed incorporated by this reference and made a part of this Subgrant as though fully set forth herein.

M. Independent Contractor. The Subrecipient is an independent contractor and neither it nor any of its employees shall be deemed employees of NHHSS for any purpose. The Subrecipient shall employ and direct such personnel as it requires to perform its obligations under this Subgrant, shall exercise full authority over its personnel, and shall comply with all worker's compensation, employer's liability, and other federal, state, county, and municipal laws, ordinances, rules, and regulations required of an employer providing services as contemplated by this Subgrant.

N. Release and Indemnity. The Subrecipient shall assume all risk of loss and hold NHHSS, its employees, agents, assignees and legal representatives harmless from all liabilities, demands, claims, suits, losses, damages, causes of action, fines or judgments and all expenses incident thereto, for injuries to persons and for loss of, damage to, or destruction of property arising out of or in connection with this Subgrant, and proximately caused by the negligent or intentional acts or omissions of the Subrecipient, its officers, employees or agents; for any losses caused by failure by the Subrecipient to comply with terms and conditions of the Subgrant; and, for any losses caused by other parties which have entered into agreements with the Subrecipient.

O. Drug-Free Work-Place Policy. The Subrecipient assures NHHSS that it has established and does maintain a drug-free work-place policy.

P. Acknowledgment of Support. Publications by the Subrecipient, including news releases and articles, shall acknowledge the financial support of NHHSS the federal granting agency by including a statement therein that, **"This project is supported in part by federal State Grants for Perinatal Depression and Related Mental Health Problems in Mothers and Their Families."**

Q. Copyright. The Subrecipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under an award. The federal awarding agency and NHHSS reserve a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal and State purposes, and to authorize others to do so.

R. Notices. All notices given under the terms of this Subgrant shall be sent by United States mail, postage prepaid, addressed to the respective party at the address set forth on

the signature page hereof, or to such other addresses as the parties shall designate in writing from time to time.

S. Authorized Official. The person executing the Application Cover Sheet is an official of the Subrecipient who has the authority to bind the Subrecipient to the terms and assurances of this Subgrant of federal financial assistance.

T. Public Counsel. In the event the Subrecipient provides health and human services to individuals on behalf of NHHSS under the terms of this Subgrant, Subrecipient shall submit to the jurisdiction of the Public Counsel under Neb. Rev. Stat. §§81-8,240 to 81-8,254 with respect to the provision of services under this subgrant. This clause shall not apply to grants or contracts between NHHSS and long-term care facilities subject to the jurisdiction of the state long-term care ombudsman pursuant to the Long-Term Care Ombudsman Act.

Subrecipient Reporting Requirements

Report	Date Due	DATE SUBMITTED	Period Covered
Mid Point Work Plan Report Mid Point Expenditure Report	February 15, 2007		November 2006 December 2006 January 2007
Final Work Plan Report Final Expenditure Report	May 15, 2007		February 2007 March 2007 April 2007

Program Specific Requirements

I. Compliance for the Maternal and Child Health Services Title V Block Grant Program

- A. The Subrecipient agrees that it will comply with the laws governing Title V of the Social Security Act as outlined in 45 CFR Part 74 or 45 CFR Part 92 as appropriate.
- B. The Subrecipient agrees that it will comply with the requirements set forth in Section III. of the Request for Proposals.
- C. The Subrecipient acknowledges that it may not use amounts paid to it for:
 - 1. inpatient services, other than inpatient services provided to children with special health care needs or to high-risk pregnant women and infants and such other inpatient services as the Secretary may approve;
 - 2. cash payments to intended recipients of health services;
 - 3. the purchase or improvement of land, the purchase, construction, or permanent improvement (other than minor remodeling) of any building or other facility, or the purchase of major medical equipment;
 - 4. satisfying any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
 - 5. providing funds for research or training to any entity other than a public or nonprofit private entity; or
 - 6. payment for any item or service (other than an emergency item or service) furnished
 - a. by an individual or entity during the period when such individual or entity is excluded from providing service under the Maternal and Child Health Act or Title XVIII (Medicare), Title XIX (Medicaid) or Title XX (Services for Families, Children, Aged or Disabled) of the Social Security Act pursuant to section 42 U.S.C. 1320a-7, 42 U.S.C. 1320a-7a, 42 U.S.C. 1320c-5, or 42 U.S.C. 1395u(j)(2) of the Social Security Act; or
 - b. at the medical direction or on the prescription of a physician during the period when the physician is excluded from providing services in the Maternal and Child Health program or Title XVIII (Medicare), Title XIX (Medicaid) or Title XX (Services for Families, Children, Aged and

- c. Disabled) of the Social Security Act pursuant to 42 U.S.C. Section 1320a-7, 42 U.S.C. Section 1320a-7a, 42 U.S.C. Section 1320-5, or 42 U.S.C. 1395u(j)(2) of the Social Security Act and when the person furnishing such item or service knew or had reason to know of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).
- D. The subrecipient assures that it is a public or nonprofit (as described in Internal Revenue Code 501(c)(3)) entity, and will provide proof of its nonprofit status upon request of NHHSS.

II. Reimbursement

- A. Reduction in Funding. In the event NHHSS experiences funding shortages, the dollar amounts specified in the award may be reduced accordingly, and the Subrecipient may be required to reduce project activities.
- B. Reservation of Right. NHHSS reserves the right to the following provisions:
 - 1. To reallocate funds among local agencies as needed to insure service to individuals at highest levels of priority.
 - 2. To either terminate or curtail all or part of the activities of the Subrecipient in order to best utilize available funding in the event that all or part of the federal or state funds are terminated, suspended, not released, or otherwise are not forthcoming.
 - 3. To suspend the Subrecipient's authority to obligate funds provided by NHHSS pursuant to this Subgrant pending corrective action by this Subrecipient or a decision to terminate this Subgrant.
 - 4. To terminate immediately this Subgrant, in whole or in part, when federal funding is terminated, suspended, not released or otherwise forthcoming.

Administrative and Audit Guidance

To recipients of state funds and subrecipients of federal funds: *An **independent certified public accountant (CPA)** licensed to practice in the state of Nebraska must prepare and issue **all types of reports**, i.e. review, audit or A-133 reports. **Audit or A-133 reports** for governmental organizations and not-for-profit organizations who receive federal payments are to be **prepared in accordance with Government Auditing Standards** as promulgated by the Comptroller General of the United States.*

Types of Organizations	Federal Authority	Cost Principles	<u>YEAR-END FINANCIAL REPORTING</u>
			<i>Type of Report by Payment Threshold</i>
Not-for-profit organizations	45 CFR Part 74	A-122	<ul style="list-style-type: none"> ▪ If state and federal payments from NHHSS are <i>less than \$75,000</i>, a <u>review report</u> is needed. ▪ If state and federal payments from NHHSS are <i>\$75,000 or greater</i>, an <u>audit report</u> is needed. ▪ If federal payments from all sources are <i>\$500,000 or greater</i>, <u>A-133 report</u> is needed.
College or University	45 CFR Part 74	A-21	<ul style="list-style-type: none"> ▪ If state and federal payments from NHHSS are <i>less than \$75,000</i>, a <u>review report</u> is needed. ▪ If state and federal payments from NHHSS are <i>\$75,000 or greater</i>, an <u>audit report</u> is needed. ▪ If federal payments from all sources are <i>\$500,000 or greater</i>, <u>A-133 report</u> is needed.
State, Local or Tribal Government	45 CFR Part 92	A-87	<ul style="list-style-type: none"> ▪ If state and federal payments from NHHSS are <i>less than \$75,000</i>, a <u>review report</u> is needed. ▪ If state and federal payments from NHHSS are <i>\$75,000 or greater</i>, an <u>audit report</u> is needed. ▪ If federal payments from all sources are <i>\$500,000 or greater</i>, <u>A-133 report</u> is needed.

AUDIT REQUIREMENT CERTIFICATION
NEBRASKA HEALTH AND HUMAN SERVICES FINANCE & SUPPORT

Applicants receiving federal funds, directly or indirectly, must complete this certification. In Part I, **select either #1 or #2** as relevant to the applicant. An individual authorized by the applicant must **sign the Certification** in Part II. The Office of Management and Budget (OMB) Circular A-133 “Audits of States, Local Governments and Non-Profit Organizations” is referenced in this document as “OMB Circular A-133”.

Applicant _____

NAME OF GRANT **STATE GRANTS FOR PERINATAL DEPRESSION AND
RELATED MENTAL HEALTH PROBLEMS IN MOTHERS AND THEIR
FAMILIES** **CFDA* #** **93.110**

FTIN** _____

Applicant's Fiscal Year _____, 20__ to _____ 20__

* Catalog of Federal Domestic Assistance

** **Federal Tax Identification Number**

PART I

#1. [] As the applicant named above, we will expend less than \$500,000 (for fiscal years ending after December 31, 2003) from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. Therefore, we are not subject to the audit requirements of OMB Circular A-133.

We are, however, responsible for engaging a Certified Public Accountant (CPA) licensed to practice in Nebraska to conduct and prepare either, a review or audit of our organization's financial statements and a report issued by the CPA. We acknowledge the audit must be completed no later than nine months after the end of our organization's current fiscal year. A copy of the report must be submitted to the Nebraska Health and Human Services Finance and Support address as shown at the end of Part I.

#2. [] As the applicant named above, we will expend \$500,000 or more (for fiscal years ending after December 31, 2003) from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. Therefore we are subject to the single audit requirements of OMB Circular A-133.

We will engage a certified public accountant (CPA) licensed to practice in Nebraska to conduct and prepare the audit of our organization's financial statements and components of the single audit pertaining to those financial statements. We acknowledge the audit must be completed no later than nine months after the end of our current fiscal year. (#2 continued on next page)

(#2 Continued)

We further acknowledge, that a single audit performed in accordance with OMB A-133 must be submitted to the Federal Audit Clearinghouse. The reporting package, as evidence the audit was completed, must contain:

- *The recipient/subrecipient's financial statements,*
- *a schedule of Expenditure of Federal Awards,*
- *a Summary Schedule of Prior Audit Findings (if applicable),*
- *a corrective action plan (if applicable) and*
- *the auditor's report(s) which includes an opinion on this recipient/subrecipient's financial statements and Schedule of Expenditures of Federal Awards, a report on this recipient/subrecipient's internal control, a report on this recipient/subrecipient's compliance, and a Schedule of Findings and Questioned Costs.*

We further acknowledge that the auditor and this recipient/subrecipient must complete and submit with the reporting package a Data Collection Form for Reporting on Audits of States, Local Governments and Non-Profit Organizations (SF-SAC).

We further acknowledge that a copy of this recipient/subrecipient's financial statements, auditor's report and SF-SAC must be submitted to Nebraska Health and Human Services Finance and Support and the Federal Audit Clearinghouse simultaneously. See the Federal Audit Clearinghouse webpage for its submission requirements:

<http://harvester.census.gov/sac/>

For NHHSS, send the audit to:

*Nebraska Health and Human Services Finance and Support
Financial Services Division - Grants and Cost Management
P.O. Box 95026
Lincoln, NE 68509-5026*

PART II

An individual authorized by the applicant must sign this Audit Certification:

I hereby certify the information furnished is correct to the best of my knowledge and belief and this subrecipient will comply with the requirements as stated in this certification.

Name and Title of Authorized Individual
(Please print legibly or type)

Organization

Signature

Date

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, A Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization Name

Name and Title of Official Signing for
Organization

Signature of Official / Date

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds in Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the applicant/subgrantee certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

Signature of authorized official signing on
behalf of applicant/subgrantee

Date

Organization

INSTRUCTIONS
FOR
CERTIFICATION REGARDING DEBARMENT,
SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION

1. By signing and submitting the proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms *covered transaction*, *debarred*, *suspended*, *ineligible*, *lower tier covered transaction*, *participant*, *person*, *primary covered transaction*, *principal*, *proposal*, and *voluntarily excluded*, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its

principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND
VOLUNTARY EXCLUSION

LOWER TIER COVERED TRANSACTIONS

Before completing certification, read instructions on the previous pages.

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Organization

Signature

Date

INSTRUCTIONS
for
CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free workplace Act.
3. For grantees other than individuals, Alternate I. applies.
4. For grantees who are individuals, Alternate II. applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of the application, or upon award, if there is no application, the grantee must keep the identity of the workplaces(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios.)
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the changes(s), if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantee's attention is called in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. § 812) and as further defined by regulation (21 C.F.R. § 1308.11 through §1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the

responsibility to determine violations of the Federal or State criminal drug statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a grantee directly engaged in the performance of work under a grant. Including: (i) All direct charge employees; (ii) all indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include worker not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS
Alternate I. (Grantees Other Than Individuals)

<i>Before completing certification, read instructions on the previous pages.</i>
--

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - b. Establishing an ongoing drug-free awareness program to inform employees about —
 - (i) The dangers of drug abuse in the workplace;
 - (ii) The grantee's policy of maintaining a drug-free workplace;
 - (iii) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (iv) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;
 - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—
 - (i) Abide by the terms of the statement; and
 - (ii) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace not later than five calendar days after such conviction;
 - e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph d.(ii) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
 - f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph d.(ii), with respect to any employee who is so convicted—

- (i) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended, or
 - (ii) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
2. *The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:*

Place of Performance (street address, city, county, state, zip code)

☐ Check if there are workplaces on file that are not identified here.

Name and Title of Authorized Representative (Print)

Organization

Signature

Date

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS
Alternate II. (Grantees Who Are Individuals)

1. The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant;
2. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

Name (Print)

Signature

Date

APPLICATION REQUIREMENTS CHECKLIST

Applicants should carefully review this Checklist to assure that **all requirements have been met**. This form is for Applicant use; it does not need to be included in the Proposal.

Critical Elements	✓
Proposal Cover Sheet – use the required form (Attachment 1). This must be signed by an official of the Applicant with authority to legally bind Applicant to the Terms and Assurances of this subgrant of federal financial assistance.	
Project Narrative – this element provides an overview of the project. It should include a needs assessment, and the details of the proposed activities.	
Work Plan - use Attachment 2 and the format specified in Section III. Proposal Requirements to demonstrate an overview of the proposed activities, when the activities will occur, and who will be responsible to meet the goals, objectives and action steps.	
Subgrantee Capacity – use Attachment 3 and the format specified in Section III. to describe your organization’s capacity to carry out the proposed project.	
Project Budget and Budget Justification – use Attachment 4 for the Line Item Budget. The totals on the Line Item Budget form must agree with the totals on the Cover Sheet. Attach a copy of the <u>current indirect cost rate agreement (required) if budget includes a line for indirect costs</u> . The Budget Justification must mirror all line items from the Line Item Budget.	
Measuring Progress and Plan for sustainability – use Attachment 5 to describe methods for measuring progress and planning for sustainability.	
Subgrant Terms and Assurances; Certifications – if awarded, subrecipients must fully comply with the Subgrant Terms and Assurances. Understand all requirements before signing the Cover Sheet (Attachment 1). The five certifications must be signed by an authorized official of the Applicant. Attach lobbying disclosure if warranted. See Attachment 6.	